


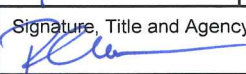


**Federal Law Enforcement Agencies  
PROCESS RECEIPT AND RETURN**

AU17BR08AU0001

CATS NO. 11-ICE-001023

2010R09492

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER A-11-CR-259 LY	
DEFENDANT JOSE RAMIRO VICHARELLY, ET AL.		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc., to Serve or Description of Property to Seize <b>\$2,000.00, MORE OR LESS, IN UNITED STATES CURRENCY SEIZED FROM THE RESIDENCE OF ANGELA FAULK AND SERVANDO GONZALES, JR., C/O IMMIGRATION AND CUSTOMS ENFORCEMENT, HOMELAND SECURITY INVESTIGATIONS</b>		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) <b>300 EAST 8TH STREET, AUSTIN, TEXAS 78701</b>		
Send NOTICE OF SERVICE copy to Requester:  <b>JENNIFER FREEL United States Attorney's Office Attn: Asset Forfeiture 816 Congress Avenue, Suite 1000 Austin, Texas 78701</b>		Number Of Process To Be Served In This Case.	1
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  <b><u>PERSONAL SERVICE IS REQUIRED</u></b>			
Signature of Attorney or other Originator requesting service on behalf of   Jennifer S. Freil, Assistant United States Attorney		[X] Plaintiff  [ ] Defendant	Telephone No. <b>512-916-5858</b>  Date 10/13/2011
SIGNATURE OF PERSON ACCEPTING PROCESS: 		Date <b>10/25/11</b>	
<b>SPACE BELOW FOR USE OF LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated. <b>1</b>	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED AGENCY OFFICER:  Date <b>10/25/11</b>
I hereby Certify and Return That I <input checked="" type="checkbox"/> PERSONALLY SERVED, [ ] HAVE LEGAL EVIDENCE OF SERVICE, [ ] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[ ] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above: <b>RON ESTRABO, SPECIAL AGENT</b>		[ ] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service <b>10/25/11</b>	Time of Service [X] AM [ ] PM <b>0930</b>
		Signature, Title and Agency  <b>HSI SPECIAL AGENT</b>	
REMARKS:			

(Ref: FSA Paralegal David Washington)